

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 247

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Lamont For Governor					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First Elvira	MI M	Last Albert	Suffix		
4. TREASURER ADDRESS						
Street Address 38 Klondike Ave		City Stamford		State CT	Zip Code 06907	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Governor				
8. CANDIDATE NAME						
Title	First Edward	MI M	Last Lamont	Suffix		
9. TYPE OF REPORT						
150% Declaration of Excess Receipts & Expenditures Primary - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
04/01/2010 thru 05/26/2010						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Elvira Albert		05/28/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Lamont For Governor		
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$302,529.42	
14. Contributions received from Individuals (Section A and B)	\$86,520.20	\$405,661.20
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$530.33
16. Other Monetary Receipts (Section D-I)	\$1,600,290.00	\$1,850,536.06
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$1,686,810.20	\$2,256,727.59
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$1,989,339.62	\$2,256,727.59
20. Expenses Paid by Committee (Section N)	\$1,519,013.28	\$1,786,401.25
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$470,326.34	\$470,326.34
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$14,217.22
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$64,887.79	\$64,887.79
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$27,405.28	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$106,007.14	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name McGowan	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0594	Amount of Contribution
Residential Street Address 25 Upland Dr	City Greenwich	State CT	Zip Code 06831-4424	Date Received 04/01/2010		
Principal Occupation Managing Director	Name of Employer Self/Torus Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
				\$2,000.00		
Last Name Galluccio	First Name Teri	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0591	Amount of Contribution
Residential Street Address 9 Knollwood Dr	City Greenwich	State CT	Zip Code 06830-4756	Date Received 04/01/2010		
Principal Occupation Homemaker	Name of Employer NA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
				\$250.00		
Last Name McKinney	First Name Fred	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0592	Amount of Contribution
Residential Street Address 8 Windmill Ln	City Trumbull	State CT	Zip Code 06611-4977	Date Received 04/01/2010		
Principal Occupation Executive	Name of Employer GNEMSDC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
				\$250.00		
Last Name Butler	First Name Jonathan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0593	Amount of Contribution
Residential Street Address 14 West Ln	City Niantic	State CT	Zip Code 06357-3716	Date Received 04/01/2010		
Principal Occupation Architect	Name of Employer Jonathan P. Butler AIA LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
				\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Weinberg	First Name Deborah	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0595	Amount of Contribution \$3,500.00
Residential Street Address 14 Perkins Rd	City Greenwich	State CT	Zip Code 06830-3511	Date Received 04/01/2010		
Principal Occupation mom	Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Russotto	First Name Scott	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0596	Amount of Contribution \$10.00
Residential Street Address 800 Flanders Rd	City Mystic	State CT	Zip Code 06355	Date Received 04/02/2010		
Principal Occupation manufacturing	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Malekzadeh	First Name Zahra	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0597	Amount of Contribution \$50.00
Residential Street Address 193 Park St Apt D	City New Canaan	State CT	Zip Code 06840-5746	Date Received 04/03/2010		
Principal Occupation Retired	Name of Employer IBM		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Lareau	First Name Margaret	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0598	Amount of Contribution \$25.00
Residential Street Address 17R Reed Hill Rd	City Granby	State CT	Zip Code 06035-2928	Date Received 04/03/2010		
Principal Occupation attorney	Name of Employer Nat'l Labor Relations Board		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Fink	First Name Jesse	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0600	Amount of Contribution
Residential Street Address 20 Marshall St Ste 300	City Norwalk	State CT	Zip Code 06854-2281	Date Received 04/05/2010		
Principal Occupation Manager	Name of Employer Marshall Street Management		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name webb	First Name david	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0599	Amount of Contribution
Residential Street Address 523 Lake Ave	City Greenwich	State CT	Zip Code 06830-3831	Date Received 04/05/2010		
Principal Occupation investor	Name of Employer sfw capital		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Williams	First Name Natty	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0601	Amount of Contribution
Residential Street Address 654 Cocody	City Abidjan	State CA	Zip Code	Date Received 04/06/2010		
Principal Occupation student	Name of Employer moemaker		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Berger	First Name Clifford	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0602	Amount of Contribution
Residential Street Address 7 Old Round Hill Ln	City Greenwich	State CT	Zip Code 06831-2665	Date Received 04/07/2010		
Principal Occupation Day Trader	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Warner	First Name George	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0608	Amount of Contribution \$100.00
Residential Street Address 397 Newton St	City Chestnut Hill	State MA	Zip Code 02467-2716	Date Received 04/08/2010		
Principal Occupation architect	Name of Employer Warner + Cunningham, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Williams	First Name Natty	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0603	Amount of Contribution \$10.00
Residential Street Address 654 Cocody	City Abidjan	State CA	Zip Code	Date Received 04/08/2010		
Principal Occupation student	Name of Employer moemaker		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$70.00		
Last Name Williams	First Name Natty	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0606	Amount of Contribution \$10.00
Residential Street Address 654 Cocody	City Abidjan	State CA	Zip Code	Date Received 04/08/2010		
Principal Occupation student	Name of Employer moemaker		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$70.00		
Last Name Wemett	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0609	Amount of Contribution \$25.00
Residential Street Address 42 Vivian St	City Newington	State CT	Zip Code 06111-3749	Date Received 04/09/2010		
Principal Occupation Service Manager	Name of Employer Computer Trades		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Darling		First Name Alan		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0610	Amount of Contribution
Residential Street Address 27 Cherryfield Dr		City West Hartford		State CT	Zip Code 06107-3363		Date Received 04/10/2010	
Principal Occupation part-time tutor		Name of Employer Capital Community College			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04282010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$50.00

Last Name Gourlay		First Name Marion		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0614	Amount of Contribution
Residential Street Address 26 Cove Rd		City Old Lyme		State CT	Zip Code 06371		Date Received 04/10/2010	
Principal Occupation Interior Designer		Name of Employer Lyme Design			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04112010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Putnam		First Name Thea		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0616	Amount of Contribution
Residential Street Address 34 River Road Dr		City Essex		State CT	Zip Code 06426		Date Received 04/11/2010	
Principal Occupation Information Requested		Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04112010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00	\$150.00

Last Name Hendel		First Name Myron		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0615	Amount of Contribution \$100.00
Residential Street Address 16 Strand		City Waterford		State CT	Zip Code 06385	Date Received 04/11/2010		
Principal Occupation Information Requested		Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04112010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Dolan	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0618	Amount of Contribution
Residential Street Address 27 Patterson Ave	City Greenwich	State CT	Zip Code 06830-4619	Date Received 04/13/2010		
Principal Occupation attorney	Name of Employer Dechert LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Palmer	First Name Bradley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0624	Amount of Contribution
Residential Street Address 2 Greenwich Office Park	City Greenwich	State CT	Zip Code 06831-5148	Date Received 04/13/2010		
Principal Occupation Finance	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Hume	First Name Leslie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0619	Amount of Contribution
Residential Street Address 235 Locust St	City San Francisco	State CA	Zip Code 94118-1840	Date Received 04/14/2010		
Principal Occupation None	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Norell	First Name Lars	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0620	Amount of Contribution
Residential Street Address 3 W End Ave Ste 201	City Old Greenwich	State CT	Zip Code 06870-1640	Date Received 04/14/2010		
Principal Occupation Fund Manager	Name of Employer Altus Power Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Newmark	First Name Amy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0621	Amount of Contribution \$1,000.00
Residential Street Address 21 Hedgerow Ln	City Greenwich	State CT	Zip Code 06831-3340	Date Received 04/14/2010		
Principal Occupation publisher	Name of Employer Chicken Soup for the Soul		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name Rouhana	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0622	Amount of Contribution \$1,000.00
Residential Street Address 21 Hedgerow Ln	City Greenwich	State CT	Zip Code 06831-3340	Date Received 04/14/2010		
Principal Occupation CEO	Name of Employer Chicken Soup for the Soul		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name Somers	First Name Nicholas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0623	Amount of Contribution \$500.00
Residential Street Address 42 Old Church Rd	City Greenwich	State CT	Zip Code 06830-4820	Date Received 04/16/2010		
Principal Occupation Managing Partner	Name of Employer SV Investment Partners		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Critelli	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0625	Amount of Contribution \$1,000.00
Residential Street Address 39 Shields Rd	City Darien	State CT	Zip Code 06820-2531	Date Received 04/18/2010		
Principal Occupation N/A	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Gross		First Name Sandy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0630		Amount of Contribution	
Residential Street Address 5 Castle Ct			City Greenwich		State CT	Zip Code 06830-4001		Date Received 04/21/2010				
Principal Occupation Executive Recruiter, Financial Services			Name of Employer Pinetum Partners LLC			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		\$500.00

Last Name Huntress		First Name Betsy		MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0632	Amount of Contribution
Residential Street Address 153 East Ave		City New Canaan			State CT	Zip Code 06840	Date Received 04/21/2010	
Principal Occupation Retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$2,500.00

Last Name Simmons		First Name Eileen		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0633	Amount of Contribution
Residential Street Address 66 Winding Ln		City Greenwich		State CT	Zip Code 06831-3734		Date Received 04/21/2010	
Principal Occupation Homemaker		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04172010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$3,500.00		\$1,000.00

Last Name Driscoll		First Name Jane		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0631	Amount of Contribution
Residential Street Address 81 Quail Ln , PO Box 133			City Hyannis Port		State MA	Zip Code 02647	Date Received 04/21/2010	
Principal Occupation not employed			Name of Employer na			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Schwartz	First Name Alan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0634	Amount of Contribution
Residential Street Address 179 Taconic Rd	City Greenwich	State CT	Zip Code 06831	Date Received 04/21/2010		
Principal Occupation Advisor	Name of Employer Guggenheim Partners		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,750.00		
\$1,750.00						
Last Name Seaman	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0636	Amount of Contribution
Residential Street Address 179 Taconic Rd	City Greenwich	State CT	Zip Code 06831	Date Received 04/21/2010		
Principal Occupation Real Estate Broker	Name of Employer Houlihan Laurence		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,750.00		
\$1,750.00						
Last Name Canty	First Name Leo	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0637	Amount of Contribution
Residential Street Address 27 Devin Way	City Windsor	State CT	Zip Code 06095-2634	Date Received 04/22/2010		
Principal Occupation Union Officer	Name of Employer AFTCT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Moorlach	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0635	Amount of Contribution
Residential Street Address 400 E 15th Ave	City Indianola	State IA	Zip Code 50125-9711	Date Received 04/22/2010		
Principal Occupation Attorney	Name of Employer Whitfield & Eddy, PLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Coe		First Name John		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0638	Amount of Contribution
Residential Street Address 57 Clapboard Ridge Rd		City Greenwich		State CT	Zip Code 06830-3404		Date Received 04/23/2010	
Principal Occupation Banker		Name of Employer Deutsche Bank			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		\$500.00

Last Name Frick		First Name Phil		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0639	Amount of Contribution
Residential Street Address PO Box 719		City Niantic		State CT	Zip Code 06357-0719		Date Received 04/24/2010	
Principal Occupation nurse practitioner		Name of Employer state of ct			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04282010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Bradford		First Name Bill		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0640	Amount of Contribution
Residential Street Address 118 Long Lots Rd		City Westport		State CT	Zip Code 06880-3923		Date Received 04/24/2010	
Principal Occupation Market Research		Name of Employer FRC Research Co.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00

Last Name Wright		First Name Peter		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0647	Amount of Contribution
Residential Street Address 751 Riversville Rd		City Greenwich		State CT	Zip Code 06831	Date Received 04/26/2010		
Principal Occupation Investor		Name of Employer PAW Partners			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Aggregate Contributions \$1,000.00								\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Gabelli	First Name Mario	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0641	Amount of Contribution \$3,500.00
Residential Street Address 135 Field Point Cir	City Greenwich	State CT	Zip Code 06830	Date Received 04/26/2010		
Principal Occupation Gamco Inc.	Name of Employer Money Manager		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04172010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Jones	First Name Zachary	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0648	Amount of Contribution \$50.00
Residential Street Address 318 Elm St Apt A6	City New Haven	State CT	Zip Code 06511-4722	Date Received 04/27/2010		
Principal Occupation Student	Name of Employer Yale		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04282010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Perez	First Name Avi	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0649	Amount of Contribution \$100.00
Residential Street Address 239 Bradley St	City New Haven	State CT	Zip Code 06510-1104	Date Received 04/27/2010		
Principal Occupation director	Name of Employer irisbi		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04282010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Stutz	First Name Trevor	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0650	Amount of Contribution \$50.00
Residential Street Address 251 Lawrence St	City New Haven	State CT	Zip Code 06511-2489	Date Received 04/28/2010		
Principal Occupation Student	Name of Employer Yale Law School		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04282010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Wylie	First Name Robert	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0663	Amount of Contribution \$300.00
Residential Street Address 55 Buckfield Ln	City Greenwich	State CT	Zip Code 06831	Date Received 04/29/2010		
Principal Occupation None	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		
Last Name Holtzberg	First Name Chaya	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0655	Amount of Contribution \$50.00
Residential Street Address 488 Ellsworth Ave	City New Haven	State CT	Zip Code 06511	Date Received 04/29/2010		
Principal Occupation Business Owner	Name of Employer ABS, Inc.	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04282010a</u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Sandman	First Name Mordechai	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0662	Amount of Contribution \$150.00
Residential Street Address 195 Colony Rd	City New Haven	State CT	Zip Code 06511-1680	Date Received 04/29/2010		
Principal Occupation Manager	Name of Employer Deitsch Plastic	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04282010a</u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		
Last Name Monroe	First Name Albert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0656	Amount of Contribution \$25.00
Residential Street Address 92 Pearl St	City New Haven	State CT	Zip Code 06511	Date Received 04/29/2010		
Principal Occupation Student	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04282010a</u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Blattman	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0664	Amount of Contribution \$500.00
Residential Street Address 20 Marshall St	City Norwalk	State CT	Zip Code 06854	Date Received 04/30/2010		
Principal Occupation Portfolio Manager	Name of Employer Maple Row		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name McShane	First Name Kevin	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0669	Amount of Contribution \$10.00
Residential Street Address 1145 Cook St	City Denver	State CO	Zip Code 80206-3403	Date Received 05/01/2010		
Principal Occupation Registered Nurse	Name of Employer University Hospital		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Myerson	First Name Amy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0668	Amount of Contribution \$50.00
Residential Street Address 523 S Main St	City West Hartford	State CT	Zip Code 06110-1756	Date Received 05/01/2010		
Principal Occupation grant writer	Name of Employer Wheeler Clinic		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 04282010a			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Feinstein	First Name Veronica	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0672	Amount of Contribution \$10.00
Residential Street Address 71 Strawberry Hill Ave Apt 908	City Stamford	State CT	Zip Code 06902-2711	Date Received 05/03/2010		
Principal Occupation Legal Assistant	Name of Employer Law Office of George H. Weber		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Evans	First Name Shel	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0670	Amount of Contribution
Residential Street Address 114 Glenwood Dr	City Greenwich	State CT	Zip Code 06830-7015	Date Received 05/03/2010		
Principal Occupation Chairman	Name of Employer CRANE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Evans	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0671	Amount of Contribution
Residential Street Address 114 Glenwood Dr	City Greenwich	State CT	Zip Code 06830-7015	Date Received 05/03/2010		
Principal Occupation Housewife	Name of Employer Housewife		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Coll	First Name Leslie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0681	Amount of Contribution
Residential Street Address 44 Oxford St	City Hartford	State CT	Zip Code 06105-2914	Date Received 05/04/2010		
Principal Occupation Realtor	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Singletary	First Name Nnamdi	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0687	Amount of Contribution
Residential Street Address 435 Campfield Ave	City Hartford	State CT	Zip Code 06114	Date Received 05/04/2010		
Principal Occupation Information Requested	Name of Employer Information Requested		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Gucker		First Name Kenneth		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 6684		Amount of Contribution	
Residential Street Address 89 Padanaram Rd			City Danbury		State CT	Zip Code 06811		Date Received 05/04/2010				
Principal Occupation Self-Employed			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00	

Last Name Bailey		First Name James		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0673	Amount of Contribution
Residential Street Address 4303 Oak Hill Dr			City Annandale		State VA	Zip Code 22003-3422	Date Received 05/04/2010	
Principal Occupation Lawyer			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

Last Name Salner		First Name Matt	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0674	Amount of Contribution
Residential Street Address 1250 Farmington Ave Apt C-12		City West Hartford		State CT	Zip Code 06107	Date Received 05/04/2010	
Principal Occupation Information Requested		Name of Employer Information Requested		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Rao		First Name Keshav		MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0675	Amount of Contribution
Residential Street Address 88 Thompson Rd			City Avon		State CT	Zip Code 06001		Date Received 05/04/2010
Principal Occupation Information Requested			Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Brown	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0677	Amount of Contribution \$50.00
Residential Street Address 90 Uplands Dr	City West Hartford	State CT	Zip Code 06107	Date Received 05/04/2010		
Principal Occupation Manager	Name of Employer Nestle Waters North America		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Neelakantiah	First Name Bangalore	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0678	Amount of Contribution \$50.00
Residential Street Address 5 Turnberry Rd	City Wallingford	State CT	Zip Code 06492	Date Received 05/04/2010		
Principal Occupation Information Requested	Name of Employer Information Requested		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Nagarkatti	First Name Durgesh	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0679	Amount of Contribution \$50.00
Residential Street Address 1968 Astwy Ave	City West Hartford	State CT	Zip Code 06117	Date Received 05/04/2010		
Principal Occupation Information Requested	Name of Employer Information Requested		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Mansoor	First Name Reza	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0680	Amount of Contribution \$25.00
Residential Street Address 75 Kirkwood Rd	City West Hartford	State CT	Zip Code 06117	Date Received 05/04/2010		
Principal Occupation Doctor	Name of Employer Hartford Hospital		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Horgan	First Name Denis	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0690	Amount of Contribution
Residential Street Address 45 Riggs Ave	City West Hartford	State CT	Zip Code 06107	Date Received 05/04/2010		
Principal Occupation Information Requested	Name of Employer Information Requested	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Jensen	First Name Carsten	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0730	Amount of Contribution
Residential Street Address 39 Hidden Brook Rd	City Riverside	State CT	Zip Code 06878	Date Received 05/04/2010		
Principal Occupation Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Woodiel	First Name Flo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0676	Amount of Contribution
Residential Street Address 65 Linbrook Rd	City West Hartford	State CT	Zip Code 06107-1228	Date Received 05/04/2010		
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00		
\$25.00						
Last Name Milne	First Name Douglas	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0691	Amount of Contribution
Residential Street Address 100 Christie Hill Rd	City Darlen	State CT	Zip Code 06820	Date Received 05/05/2010		
Principal Occupation real estate	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Ballete	First Name Ken	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0692	Amount of Contribution \$50.00	
Residential Street Address 30 Spring Ln	City West Hartford	State CT	Zip Code 06107	Date Received 05/05/2010			
Principal Occupation Computer System Developer	Name of Employer Staet Dept Soc Services		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00
Last Name Kiracofe	First Name Clifford	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0694	Amount of Contribution \$25.00	
Residential Street Address 8 Parry Ln	City Lexington	State VA	Zip Code 24450-2506	Date Received 05/06/2010			
Principal Occupation Educator	Name of Employer VMI		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00
Last Name Resnevic	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0693	Amount of Contribution \$25.00	
Residential Street Address 95 Morgan St Apt 10H	City Stamford	State CT	Zip Code 06905-5474	Date Received 05/06/2010			
Principal Occupation PC Technician	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$35.00
Last Name Westgate	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0695	Amount of Contribution \$50.00	
Residential Street Address 85 River Rd # C7	City Essex	State CT	Zip Code 06426-1334	Date Received 05/07/2010			
Principal Occupation Retired	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Park	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0702	Amount of Contribution \$1,000.00
Residential Street Address 58 Webster St	City Newton	State MA	Zip Code 02465-1819	Date Received 05/13/2010		
Principal Occupation Chief Technology Officer	Name of Employer athenahealth		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name Harvey	First Name Stuart	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0705	Amount of Contribution \$500.00
Residential Street Address 4503 Edina Blvd	City Edina	State MN	Zip Code 55424-1135	Date Received 05/13/2010		
Principal Occupation CEO	Name of Employer Elavon		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name King-Shaw Jr.	First Name Ruben	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0706	Amount of Contribution \$3,500.00
Residential Street Address 135 Nathan Ln	City Carlisle	State MA	Zip Code 01741-1340	Date Received 05/13/2010		
Principal Occupation CEO	Name of Employer MANSA EQUITY PARTNERS		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Crihfield	First Name Owen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0704	Amount of Contribution \$2,000.00
Residential Street Address 6 Ledge Rd	City Old Greenwich	State CT	Zip Code 06870-2320	Date Received 05/13/2010		
Principal Occupation Investments	Name of Employer Hamilton Robinson LLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Chu	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0703	Amount of Contribution
Residential Street Address 711 West Rd	City New Canaan	State CT	Zip Code 06840-2518	Date Received 05/13/2010		
Principal Occupation Private Equity	Name of Employer Catterton Partners	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,250.00		
\$2,000.00						
Last Name patricelli	First Name susan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0707	Amount of Contribution
Residential Street Address 44 Scott Dr	City Bloomfield	State CT	Zip Code 06002-3018	Date Received 05/14/2010		
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$25.00						
Last Name Seidelmann	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0708	Amount of Contribution
Residential Street Address 15650 Cothelstone Ln	City Chagrin Falls	State OH	Zip Code 44022-3800	Date Received 05/14/2010		
Principal Occupation radiologist	Name of Employer RadiSphere	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Reef	First Name Rodman	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0709	Amount of Contribution
Residential Street Address 218 Larchmont Ave	City Larchmont	State NY	Zip Code 10538-2823	Date Received 05/17/2010		
Principal Occupation Banking Consultant	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Torres	First Name Jason	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0710	Amount of Contribution \$500.00
Residential Street Address 266 Barrow St	City Jersey City	State NJ	Zip Code 07302-4026	Date Received 05/17/2010		
Principal Occupation Investor	Name of Employer Mansa Equity Partners		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Knapp	First Name Elise	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0712	Amount of Contribution \$50.00
Residential Street Address 309 St Ronan St .,	City New Haven	State CT	Zip Code 06511	Date Received 05/17/2010		
Principal Occupation Information Requested	Name of Employer Information Requested		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Singer	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0713	Amount of Contribution \$1,000.00
Residential Street Address 59 Presidio Blvd	City San Francisco	State CA	Zip Code 94129-1175	Date Received 05/17/2010		
Principal Occupation Ltd. Partner	Name of Employer Maverick Capital		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name Purcell	First Name Thomas	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0711	Amount of Contribution \$50.00
Residential Street Address 18 Stone Rd	City Burlington	State CT	Zip Code 06013	Date Received 05/17/2010		
Principal Occupation Retired	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Offenbach	First Name Russell	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0719	Amount of Contribution \$25.00
Residential Street Address 3402 W Carrington St	City Tampa	State FL	Zip Code 33611-2732	Date Received 05/21/2010		
Principal Occupation freelance voice talent	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$25.00		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Darrell	First Name Norris	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0718	Amount of Contribution \$1,000.00
Residential Street Address 44 Walnut Tree Ln	City Cold Spring Harbor	State NY	Zip Code 11724-1202	Date Received 05/21/2010		
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$1,350.00		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Moorlach	First Name Robert	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0721	Amount of Contribution \$25.00
Residential Street Address 13400 Spring Villa Ct Apt 114	City Louisville	State KY	Zip Code 40245	Date Received 05/24/2010		
Principal Occupation Information Requested	Name of Employer Information Requested	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$25.00		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Rozel	First Name Jeanne	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0720	Amount of Contribution \$200.00
Residential Street Address 207 Park St	City New Canaan	State CT	Zip Code 06840-5705	Date Received 05/24/2010		
Principal Occupation Realtor	Name of Employer Halstead Property	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$450.00		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Anderson	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0723	Amount of Contribution \$25.00	
Residential Street Address 5 Bradley Rd	City Burlington	State CT	Zip Code 06013-2206	Date Received 05/25/2010			
Principal Occupation Information Requested	Name of Employer Information Requested		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00
Last Name Shapiro	First Name Robin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0724	Amount of Contribution \$150.00	
Residential Street Address 545 W End Ave Apt 11E	City New York	State NY	Zip Code 10024	Date Received 05/25/2010			
Principal Occupation Information Requested	Name of Employer Information Requested		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00
Last Name Donley	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0725	Amount of Contribution \$150.00	
Residential Street Address 78 Allendale Dr	City Rye	State NY	Zip Code 10580	Date Received 05/25/2010			
Principal Occupation Information Requested	Name of Employer Information Requested		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00
Last Name Kaminsky	First Name Steve	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0726	Amount of Contribution \$1,000.00	
Residential Street Address 15 Kimberly Ct	City Ridgefield	State CT	Zip Code 06877-2900	Date Received 05/25/2010			
Principal Occupation Finance	Name of Employer Radisphere		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Anderson		First Name Sherwood		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0722	Amount of Contribution
Residential Street Address 5 Bradley Rd			City Burlington		State CT	Zip Code 06013	Date Received 05/25/2010	
Principal Occupation Information Requested			Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Hyman		First Name Paula		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0728	Amount of Contribution
Residential Street Address 144 Westwood Rd		City New Haven		State CT	Zip Code 06515-2243		Date Received 05/26/2010	
Principal Occupation professor		Name of Employer yale university			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Heffler		First Name Eric		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0729	Amount of Contribution
Residential Street Address 15 Old Brook Ln		City Warwick		State NY	Zip Code 10990-3311		Date Received 05/26/2010	
Principal Occupation Development Officer		Name of Employer Mercy Corps			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Teter		First Name Magda		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0727	Amount of Contribution
Residential Street Address 62 Berkeley Rd		City Middletown		State CT	Zip Code 06457-4107		Date Received 05/26/2010	
Principal Occupation Professor		Name of Employer Wesleyan			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00	\$10.00

Total of Section B	\$86,520.20
---------------------------	--------------------

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A & B)	(Total on Line 14 of Summary Page)	\$86,520.20
--	------------------	------------------------------------	--------------------

I. MONETARY RECEIPTS (Section A-I)

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Lamont For Governor				
C1. Contributions from Other Committees				
Name of Committee			Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # No		Amount of Contribution
City	State	Zip Code	Date Received Aggregate Contributions	
Total of Section C1				

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Lamont For Governor				
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE		
Lamont For Governor						
D. Loans Received this Period						
Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE	
Lamont For Governor			
E. Personal Funds of the Candidate Received this Period			
Date Received 04/05/2010	Amount \$1,000,000.00	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Date Received 05/11/2010	Amount \$600,000.00	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Total of Section E			\$1,600,000.00

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Lamont For Governor					
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Lamont For Governor				
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Lamont For Governor			
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE					FILING DUE DATE	
Lamont For Governor						
I. Miscellaneous Monetary Receipts not Considered Contributions						
Name Hilton HHonors				Date of Transaction 05/15/2010		Amount Received
Street Address PO Box 9003		City Addison		State TX	Zip Code 75001	
Description Redemption Credit						
						\$200.00
Name Priceless and Rent A Wreck				Date of Transaction 05/21/2010		Amount Received
Street Address 925 Foxon Rd		City East Haven		State CT	Zip Code 06513-1842	
Description Partial Refund						
						\$90.00
Total of Section I						\$290.00

II. FUNDRAISING EVENT ACTIVITY					
NAME OF					FILING DUE DATE
COMMITTEE					
Lamont For Governor					
J1. Fundraising Event Information					
Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser	Letter				
Was this fundraising event hosted at a personal residence?			Yes	No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			Yes	No	
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	No	

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE								FILING DUE DATE	
Lamont For Governor									
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items									
Name of the Purchaser <i>(Individuals ONLY)</i>		First Name		MI	Method of payment:			Aggregate Amount of Purchases	
					Cash	Personal Check	Credit/Debit Card		
Residential Street Address		City		State	Zip Code	Date Received	Event #		
Items Purchased									
Total of Section J2									

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

J3. In-Kind Donations Not Considered Contributions

Name of the Donor					Donation Given by:		Fair Market Value of Donation
					Individual	Business Entity	
Street Address		City		State	Zip Code	Aggregate value for this event	
Description of Donation				Date Received		Event #	

Total of Section J3

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution	
Street Address		City					State
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?				Yes
Individual		No	If yes, indicate which branch or branches of government the contract is with:				No
Committee			Executive			Legislative	
Is this contribution associated with a fundraising event listed in Section II?		Yes	Description of In-Kind Contribution			Aggregate contributions	
If yes, list Event#		No					

Total of Section K

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Lamont For Governor					
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Blue State Digital					04/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1052		
734 15th St NW Ste 1200	Washington	DC	20005	WEB	<input type="checkbox"/> Debit Card		
Description					Event #		
Web Site							
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$3,500.00
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					04/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	wire		
1600 Locust St	Philadelphia	PA	19103-6305	A-TV	<input type="checkbox"/> Debit Card		
Description					Event #		
media							
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$50,000.00
Name of Payee					Date of Payment	Method of Payment	Amount
Mack Crouse Group					04/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1051		
2001 N Beauregard St Ste 420	Alexandria	VA	22311-1750	A-DM	<input type="checkbox"/> Debit Card		
Description					Event #		
campaign literature							
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$750.00

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Olympia Properties LLC					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1048</u>	<input type="checkbox"/> Debit Card	
142 Temple St Ste 304	New Haven	CT	06510	OVHD			
Description					Event #		
rent							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$6,355.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Greater New Haven Community Loan Fund					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1159</u>	<input type="checkbox"/> Debit Card	
171 Orange St	New Haven	CT	06510-3111	OVHD			
Description					Event #		
recycling							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$24.93							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>i/e</u>	<input type="checkbox"/> Debit Card	
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK			
Description					Event #		
bank service charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$275.00							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card		
Description					Event #		
bank service charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$12.00							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card		
Description					Event #		
Bank Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$3,963.79							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card		
Description					Event #		
Bank Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$1,352.46							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
							\$36.20
Name of Payee					Date of Payment	Method of Payment	Amount
Jessie Jamar					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1050</u>		
29 Raiders Ln	Darien	CT	06820-6020	Misc *	<input type="checkbox"/> Debit Card		
Description					Event #		
misc expenses							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
							\$562.52
Name of Payee					Date of Payment	Method of Payment	Amount
Jared Kupiec					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1049</u>		
311 Quaker Ln S	West Hartford	CT	06119-2220	OFFICE	<input type="checkbox"/> Debit Card		
Description					Event #		
office supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
							\$11.43

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Jessie Jamar					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1050</u>	<input type="checkbox"/> Debit Card	
29 Raiders Ln	Darien	CT	06820-6020	Misc *			
Description						Event #	\$132.00
misc expenses							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
Other Candidate(s) Name							
Office Sought							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chase Card Services					04/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>wire</u>	<input type="checkbox"/> Debit Card	
PO Box 15153	Wilmington	DE	19886-5153	CCP			
Description						Event #	\$5,900.00
credit card							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
Other Candidate(s) Name							
Office Sought							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Sunflower Management					04/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1055</u>	<input type="checkbox"/> Debit Card	
418 Elm St	Raleigh	NC	27601	CNSLT			
Description						Event #	\$12,500.00
research							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
Other Candidate(s) Name							
Office Sought							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Hartford Courant					04/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1054</u>	<input type="checkbox"/> Debit Card	
285 Broad St	Hartford	CT	06105-3719	Misc *			
Description					Event #		
newspapers							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$84.50							
Name of Payee					Date of Payment	Method of Payment	Amount
Eric Bragg					04/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1053</u>	<input type="checkbox"/> Debit Card	
396 Mansfield Ave	Darien	CT	06820-2112	Misc *			
Description					Event #		
misc items							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$338.41							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					04/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>wire</u>	<input type="checkbox"/> Debit Card	
1600 Locust St	Philadelphia	PA	19103-6305	A-TV			
Description					Event #		
media							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$228,900.00							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Barker Specialty Company					04/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1059</u>	<input type="checkbox"/> Debit Card	
27 Realty Dr , Caller Box 22	Cheshire	CT	06410	A-OTH			
Description					Event #		
campaign merch							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$16,912.05
Name of Payee					Date of Payment	Method of Payment	Amount
Olympia Properties LLC					04/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1101</u>	<input type="checkbox"/> Debit Card	
142 Temple St Ste 304	New Haven	CT	06510	OVHD			
Description					Event #		
rent							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$6,355.00
Name of Payee					Date of Payment	Method of Payment	Amount
Administaff					04/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>	<input type="checkbox"/> Debit Card	
1251 Avenue of the Americas	New York	NY	10020-1104	CNSLT			
Description					Event #		
Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$40,806.66

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee Administaff					Date of Payment 04/16/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$15,615.86
Street Address 1251 Avenue of the Americas	City New York	State NY	Zip Code 10020-1104	Purpose of Expenditure CNSLT	<u>Wire</u> <input type="checkbox"/> Debit Card		
Description Payroll					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee The Campaign Group					Date of Payment 04/16/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$121,550.00
Street Address 1600 Locust St	City Philadelphia	State PA	Zip Code 19103-6305	Purpose of Expenditure A-TV	<u>wire</u> <input type="checkbox"/> Debit Card		
Description media					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Cablevision of CT					Date of Payment 04/16/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$190.88
Street Address 28 Cross St	City Norwalk	State CT	Zip Code 06851-4632	Purpose of Expenditure WEB	<u>1057</u> <input type="checkbox"/> Debit Card		
Description internet and phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Laura Meleney					04/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1060</u>	<input type="checkbox"/> Debit Card	
197 Stanwich Rd	Greenwich	CT	06830-4020	REF			
Description					Event #		
refund contribution							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$25.00
Name of Payee					Date of Payment	Method of Payment	Amount
Sunflower Management					04/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1098</u>	<input type="checkbox"/> Debit Card	
418 Elm St	Raleigh	NC	27601	CNSLT			
Description					Event #		
research							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$731.10
Name of Payee					Date of Payment	Method of Payment	Amount
National Drill Squad/Douglas Bethea					04/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1056</u>	<input type="checkbox"/> Debit Card	
200 Goffe St Apt 34D	New Haven	CT	06511-3359	CHAR			
Description					Event #		
donation							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$250.00

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Meghan Moorlach					04/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1108</u>	<input type="checkbox"/> Debit Card	
169 Orange St	New Haven	CT	06510-3111	TRVL			
Description					Event #		
mileage							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$595.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Margaret Van Cleave					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1069</u>	<input type="checkbox"/> Debit Card	
169 Orange St	New Haven	CT	06510-3111	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$150.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Margaret Van Cleave					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1107</u>	<input type="checkbox"/> Debit Card	
169 Orange St	New Haven	CT	06510-3111	TRVL			
Description					Event #		
mileage							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$606.72							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Marc Bradley					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1093</u>	<input type="checkbox"/> Debit Card	
35 Mason St	Greenwich	CT	06830	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$150.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Elvira Albert					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1082</u>	<input type="checkbox"/> Debit Card	
38 Klondike Ave	Stamford	CT	06907	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$170.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Elvira Albert					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1082</u>	<input type="checkbox"/> Debit Card	
38 Klondike Ave	Stamford	CT	06907	RCW			
Description					Event #		
reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$700.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee Fletcher Gibson, IV					Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1097	Amount \$150.00
Street Address 111 Park St Apt 6R	City New Haven	State CT	Zip Code 06511-5456	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee AT&T					Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1089	Amount \$150.00
Street Address PO Box 8110	City Aurora	State IL	Zip Code 60507	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Jared Kupiec					Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1085	Amount \$150.00
Street Address 311 Quaker Ln S	City West Hartford	State CT	Zip Code 06119-2220	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>	
410 Greenwich Ave		Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card	
Description						Event #	\$9.99
Bank Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
Administaff					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>	
1251 Avenue of the Americas		New York	NY	10020-1104	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	\$8,429.93
Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
Joe Abbey					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1088</u>	
1600 N Oak St Apt 11		Arlington	VA	22209	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	\$136.01
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name					Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Seth Bannon					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1091</u>	<input type="checkbox"/> Debit Card	
54 Wauwinet Ct	Guilford	CT	06437-1101	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$101.64							
Name of Payee					Date of Payment	Method of Payment	Amount
Andrew Callahan					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1094</u>	<input type="checkbox"/> Debit Card	
47 Metacomet Rd	Farmington	CT	06032-1801	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$115.77							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel J Gross					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1089</u>	<input type="checkbox"/> Debit Card	
94 William St Apt 1	New Haven	CT	06511-4939	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$150.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee Brian Coy					Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$150.00
Street Address 900 N Randolph St Apt 1415	City Arlington	State VA	Zip Code 22203-4073	Purpose of Expenditure OVHD	1068 <input type="checkbox"/> Debit Card		
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Ryan Cook					Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$150.00
Street Address 499 Charles St	City Torrington	State CT	Zip Code 06790-3420	Purpose of Expenditure OVHD	1095 <input type="checkbox"/> Debit Card		
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Elizabeth Donovan					Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$150.00
Street Address 32 Woodvale Rd	City Branford	State CT	Zip Code 06405	Purpose of Expenditure OVHD	1096 <input type="checkbox"/> Debit Card		
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Justine Sessions					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1063</u>	<input type="checkbox"/> Debit Card	
2939 Van Ness St NW	Washington	DC	20008-4631	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$150.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Kelly Popp					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1086</u>	<input type="checkbox"/> Debit Card	
69 Belden Rd	Hamden	CT	06514-3709	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$52.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Joshua Schneider					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1084</u>	<input type="checkbox"/> Debit Card	
106 Foster St # 1	New Haven	CT	06511-2655	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$150.00							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Audrey Tyson					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1065</u>	<input type="checkbox"/> Debit Card	
471 Whalley Ave Unit H	New Haven	CT	06511-3068	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$81.66							
Name of Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1083</u>	<input type="checkbox"/> Debit Card	
270 Thorton St	Hamden	CT	06517	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$150.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Ruth Yorke					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1081</u>	<input type="checkbox"/> Debit Card	
7 Ridge Rd	Cos Cob	CT	06807-2309	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$115.25							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Jennifer Just					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1090</u>	<input type="checkbox"/> Debit Card	
157 Center Rd	Woodbridge	CT	06525-1840	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$150.00
Name of Payee					Date of Payment	Method of Payment	Amount
Rebecca Slutzky					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1064</u>	<input type="checkbox"/> Debit Card	
2417 Northfield Rd	Charlottesville	VA	22901-1727	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$150.00
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Abraham					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1067</u>	<input type="checkbox"/> Debit Card	
105 Briarwood Ln	Cumming	GA	30040	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$60.00

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Rebecca Bowers					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1092</u>	<input type="checkbox"/> Debit Card	
88 Grange Rd	Lancaster	NH	03584-3431	OVHD			
Description					Event #		\$61.36
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Sunflower Management					04/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1099</u>	<input type="checkbox"/> Debit Card	
418 Elm St	Raleigh	NC	27601	CNSLT			
Description					Event #		\$2,122.13
research							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					04/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>wire</u>	<input type="checkbox"/> Debit Card	
1600 Locust St	Philadelphia	PA	19103-6305	A-TV			
Description					Event #		\$121,550.00
media							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					04/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>wire</u>	<input type="checkbox"/> Debit Card	
1600 Locust St	Philadelphia	PA	19103-6305	A-TV			
Description						Event #	
Production							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$100,000.00							
Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					04/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1144</u>	<input type="checkbox"/> Debit Card	
PO Box 8110	Aurora	IL	60507	OVHD			
Description						Event #	
telephone expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$1,109.41							
Name of Payee					Date of Payment	Method of Payment	Amount
New Haven Register					04/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1142</u>	<input type="checkbox"/> Debit Card	
40 Sargent Dr	New Haven	CT	06511-5939	Misc *			
Description						Event #	
newspapers							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$90.64							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Schools In					04/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1103</u>	<input type="checkbox"/> Debit Card	
PO Box 62026	Cincinnati	OH	45262-0026	EFV *			
Description					Event #		
chairs							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$1,161.40							
Name of Payee					Date of Payment	Method of Payment	Amount
Blue State Digital					04/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1106</u>	<input type="checkbox"/> Debit Card	
734 15th St NW Ste 1200	Washington	DC	20005	WEB			
Description					Event #		
Web Site							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$500.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Evans & Katz LLC					04/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1102</u>	<input type="checkbox"/> Debit Card	
1831 Bay St SE	Washington	DC	20003	CNSLT			
Description					Event #		
compliance							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$1,684.84							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
LeBlanc Communications Group					04/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1105</u>	<input type="checkbox"/> Debit Card	
38 High Ridge Rd	West Redding	CT	06896-2019	EFV *			
Description					Event #		
telephone service							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$63.60							
Name of Payee					Date of Payment	Method of Payment	Amount
Ruth Yorke					04/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1100</u>	<input type="checkbox"/> Debit Card	
7 Ridge Rd	Cos Cob	CT	06807-2309	OFFICE			
Description					Event #		
reim Staples							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$73.36							
Name of Payee					Date of Payment	Method of Payment	Amount
Ruth Yorke					04/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1100</u>	<input type="checkbox"/> Debit Card	
7 Ridge Rd	Cos Cob	CT	06807-2309	POST			
Description					Event #		
postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$85.88							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Ruth Yorke					04/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1100</u>	<input type="checkbox"/> Debit Card	
7 Ridge Rd	Cos Cob	CT	06807-2309	TRVL			
Description					Event #		
Reimbursement for mileage							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$23.04							
Name of Payee					Date of Payment	Method of Payment	Amount
Peerless Insurance Co.					04/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1143</u>	<input type="checkbox"/> Debit Card	
62 Maple Ave	Keene	NH	03431	OVHD			
Description					Event #		
insurance							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$1,931.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Bristol Lettering LLC					04/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1145</u>	<input type="checkbox"/> Debit Card	
1718 Park St	Hartford	CT	06106-2132	OFFICE			
Description					Event #		
office supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$73.14							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Chase Card Services				04/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1201</u>	
PO Box 15153	Wilmington	DE	19886-5153	CCP	<input type="checkbox"/> Debit Card	
Description					Event #	
credit card						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$10,778.39

Name of Payee						Date of Payment	Method of Payment	Amount
Stones' Phones Inc.						04/29/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
41750 Rancho Las Palmas Dr Ste E		Rancho Mirage	CA	92270-5511	OVHD			
Description telephone expense							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name Office Sought</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$1,273.54								

Name of Payee						Date of Payment	Method of Payment	Amount
Administaff						04/29/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
1251 Avenue of the Americas		New York	NY	10020-1104	CNSLT	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
Payroll								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
			Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
							\$16,219.53	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Administaff					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
1251 Avenue of the Americas	New York	NY	10020-1104	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		\$77,339.22
Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mack Crounse Group					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1141</u>		
2001 N Beauregard St Ste 420	Alexandria	VA	22311-1750	A-DM	<input type="checkbox"/> Debit Card		
Description					Event #		\$17,484.01
campaign literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>WIRE</u>		
1600 Locust St	Philadelphia	PA	19103-6305	A-TV	<input type="checkbox"/> Debit Card		
Description					Event #		\$143,700.00
Media							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Elvira Albert					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1112</u>	<input type="checkbox"/> Debit Card	
38 Klondike Ave	Stamford	CT	06907	RCW			
Description					Event #		
reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$350.00
Name of Payee					Date of Payment	Method of Payment	Amount
Elvira Albert					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1112</u>	<input type="checkbox"/> Debit Card	
38 Klondike Ave	Stamford	CT	06907	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$85.00
Name of Payee					Date of Payment	Method of Payment	Amount
Edward W. Murphy					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1114</u>	<input type="checkbox"/> Debit Card	
21 Deacon Abbott Rd	Redding	CT	06896-2010	FNDR			
Description					Event #		
reimburse fundraising expenses							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$194.27

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
NationalField LLC					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1071</u>	<input type="checkbox"/> Debit Card	
1776 Interstate St NW Ste 960	Washington	DC	20006-3700	CNSLT			
Description					Event #		
field database							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$3,000.00							
Name of Payee					Date of Payment	Method of Payment	Amount
NationalField LLC					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1109</u>	<input type="checkbox"/> Debit Card	
1776 Interstate St NW Ste 960	Washington	DC	20006-3700	CNSLT			
Description					Event #		
field database							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$900.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Iron Mountain					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1160</u>	<input type="checkbox"/> Debit Card	
PO Box 27128	New York	NY	10087-7128	OVHD			
Description					Event #		
shredding							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$56.72							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Kingdom Websites					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1115</u>	<input type="checkbox"/> Debit Card	
72 Maple Ln	Shelton	CT	06484-3747	OVHD			
Description					Event #		
computer wiring							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$219.95							
Name of Payee					Date of Payment	Method of Payment	Amount
Kingdom Websites					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1110</u>	<input type="checkbox"/> Debit Card	
72 Maple Ln	Shelton	CT	06484-3747	OVHD			
Description					Event #		
computer wiring							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$70.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Postmaster					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1114</u>	<input type="checkbox"/> Debit Card	
144 Rowayton Ave	Norwalk	CT	06853	FNDR			
Description					Event #		
reimburse fundraising expenses							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$114.40							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee Sandler, Reiff & Young, P.C.					Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1113</u>	Amount \$4,500.00
Street Address 300 M St SE Ste 1102	City Washington	State DC	Zip Code 20003-3437	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description legal services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Rebecca Slutzky					Date of Payment 05/01/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1126</u>	Amount \$150.00
Street Address 2417 Northfield Rd	City Charlottesville	State VA	Zip Code 22901-1727	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Justine Sessions					Date of Payment 05/01/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1129</u>	Amount \$150.00
Street Address 2939 Van Ness St NW	City Washington	State DC	Zip Code 20008-4631	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
NGP Software, Inc.					05/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1136</u>	<input type="checkbox"/> Debit Card	
1225 Eye St NW Ste 1225	Washington	DC	20005	OVHD			
Description					Event #		
database							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$2,700.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Jared Kupiec					05/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1128</u>	<input type="checkbox"/> Debit Card	
311 Quaker Ln S	West Hartford	CT	06119-2220	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$150.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Joe Abbey					05/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1116</u>	<input type="checkbox"/> Debit Card	
1600 N Oak St Apt 11	Arlington	VA	22209	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$136.01							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee Andrew Callahan					Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address 47 Metacomet Rd		City Farmington	State CT	Zip Code 06032-1801	Purpose of Expenditure OVHD	1124 <input type="checkbox"/> Debit Card	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name				Office Sought			
\$115.77							
Name of Payee Seth Bannon					Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address 54 Wauwinet Ct		City Guilford	State CT	Zip Code 06437-1101	Purpose of Expenditure OVHD	1119 <input type="checkbox"/> Debit Card	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name				Office Sought			
\$101.64							
Name of Payee Fletcher Gibson, IV					Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address 111 Park St Apt 6R		City New Haven	State CT	Zip Code 06511-5456	Purpose of Expenditure OVHD	1125 <input type="checkbox"/> Debit Card	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name				Office Sought			
\$150.00							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Marc Bradley					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1135</u>	<input type="checkbox"/> Debit Card	
35 Mason St	Greenwich	CT	06830	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$150.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Margaret Van Cleave					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1134</u>	<input type="checkbox"/> Debit Card	
169 Orange St	New Haven	CT	06510-3111	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$150.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Audrey Tyson					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1120</u>	<input type="checkbox"/> Debit Card	
471 Whalley Ave Unit H	New Haven	CT	06511-3068	OVHD			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$81.66							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Joshua Schneider					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1133</u>	<input type="checkbox"/> Debit Card	
106 Foster St # 1	New Haven	CT	06511-2655	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$150.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Kelly Popp					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1137</u>	<input type="checkbox"/> Debit Card	
69 Belden Rd	Hamden	CT	06514-3709	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$52.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Brian Coy					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1117</u>	<input type="checkbox"/> Debit Card	
900 N Randolph St Apt 1415	Arlington	VA	22203-4073	OVHD			
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$150.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Daniel J Gross					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1131</u>		
94 William St Apt 1	New Haven	CT	06511-4939	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes			Other Candidate(s) Name		Office Sought		
<input checked="" type="checkbox"/> No							
\$150.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Elizabeth Donovan					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1130</u>		
32 Woodvale Rd	Branford	CT	06405	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes			Other Candidate(s) Name		Office Sought		
<input checked="" type="checkbox"/> No							
\$122.90							

Name of Payee					Date of Payment	Method of Payment	Amount
Ryan Cook					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1122</u>		
499 Charles St	Torrington	CT	06790-3420	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes			Other Candidate(s) Name		Office Sought		
<input checked="" type="checkbox"/> No							
\$150.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee Jennifer Just					Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1123</u>	Amount \$150.00
Street Address 157 Center Rd	City Woodbridge	State CT	Zip Code 06525-1840	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Rebecca Bowers					Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1118</u>	Amount \$61.36
Street Address 88 Grange Rd	City Lancaster	State NH	Zip Code 03584-3431	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Robert Abraham					Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1127</u>	Amount \$60.00
Street Address 105 Briarwood Ln	City Cumming	State GA	Zip Code 30040	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Ruth Yorke					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1121</u>	
7 Ridge Rd		Cos Cob	CT	06807-2309	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$115.25							

Name of Payee					Date of Payment	Method of Payment	Amount
Ruth Yorke					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1121</u>	
7 Ridge Rd		Cos Cob	CT	06807-2309	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Cell Phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$115.25							

Name of Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1132</u>	
270 Thorton St		Hamden	CT	06517	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$150.00							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					05/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Wire <input type="checkbox"/> Debit Card		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK			
Description					Event #		
Bank Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
Other Candidate(s) Name				Office Sought			
\$60.10							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					05/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Wire <input type="checkbox"/> Debit Card		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK			
Description					Event #		
Bank Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
Other Candidate(s) Name				Office Sought			
\$732.46							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					05/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Wire <input type="checkbox"/> Debit Card		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK			
Description					Event #		
Bank Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
Other Candidate(s) Name				Office Sought			
\$2,944.08							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Trinity on Main					05/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1151</u>	<input type="checkbox"/> Debit Card	
69 Main St	New Britain	CT	06051-2501	FNDR			
Description					Event #		
space rental of Rotunda, Recital Hall							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$400.00
Name of Payee					Date of Payment	Method of Payment	Amount
Joe Abbey					05/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1147</u>	<input type="checkbox"/> Debit Card	
1600 N Oak St Apt 11	Arlington	VA	22209	FOOD			
Description					Event #		
pizza							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$25.33
Name of Payee					Date of Payment	Method of Payment	Amount
Joe Abbey					05/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1147</u>	<input type="checkbox"/> Debit Card	
1600 N Oak St Apt 11	Arlington	VA	22209	POST			
Description					Event #		
postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$17.86

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Joe Abbey					05/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1147</u>	<input type="checkbox"/> Debit Card	
1600 N Oak St Apt 11	Arlington	VA	22209	TRVL			
Description					Event #		
parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$30.00
Name of Payee					Date of Payment	Method of Payment	Amount
Jared Kupiec					05/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1139</u>	<input type="checkbox"/> Debit Card	
311 Quaker Ln S	West Hartford	CT	06119-2220	EFV *			
Description					Event #		
Flags							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,165.94
Name of Payee					Date of Payment	Method of Payment	Amount
D & K Sound Services Inc.					05/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1161</u>	<input type="checkbox"/> Debit Card	
912 Silas Deane Hwy	Wethersfield	CT	06109-3434	A-TV			
Description					Event #		
sound system							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$850.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee Greater New Haven Community Loan Fund					Date of Payment 05/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1159</u>	Amount \$25.07
Street Address 171 Orange St	City New Haven	State CT	Zip Code 06510-3111	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description recycling					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Event Resources Inc.					Date of Payment 05/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1138</u>	Amount \$1,395.00
Street Address 333 Park Ave	City East Hartford	State CT	Zip Code 06108-1750	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description production services for press event					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Audrey Tyson					Date of Payment 05/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1146</u>	Amount \$25.44
Street Address 471 Whalley Ave Unit H	City New Haven	State CT	Zip Code 06511-3068	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Description office supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Sandler, Reiff & Young, P.C.					05/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1140</u>	<input type="checkbox"/> Debit Card	
300 M St SE Ste 1102	Washington	DC	20003-3437	CNSLT			
Description					Event #		\$3,000.00
legal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Trilogy Interactive, LLC					05/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1149</u>	<input type="checkbox"/> Debit Card	
1508 W Sunnyside Ave	Chicago	IL	60640	WEB			
Description					Event #		\$1,100.00
new media website							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					05/07/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK			
Description					Event #		\$56.93
bank service charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee Revolution Messaging, LLC					Date of Payment 05/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address 2020 Taylor St NE		City Washington	State DC	Zip Code 20018-3236	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Description telephone expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name				Office Sought			
Amount \$3,000.00							
Name of Payee Mack Crounse Group					Date of Payment 05/09/2010	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address 2001 N Beauregard St Ste 420		City Alexandria	State VA	Zip Code 22311-1750	Purpose of Expenditure A-DM	<input type="checkbox"/> Debit Card	
Description campaign literature					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name				Office Sought			
Amount \$4,038.82							
Name of Payee People's Bank United					Date of Payment 05/10/2010	Method of Payment <input type="checkbox"/> Check #	
Street Address 410 Greenwich Ave		City Greenwich	State CT	Zip Code 06830-6523	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card	
Description bank service charge					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name				Office Sought			
Amount \$60.00							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					05/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>wire</u>		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card		
Description					Event #		\$12.00
bank service charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mack Crounse Group					05/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1154</u>		
2001 N Beauregard St Ste 420	Alexandria	VA	22311-1750	A-DM	<input type="checkbox"/> Debit Card		
Description					Event #		\$6,789.27
campaign literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Administaff					05/14/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
1251 Avenue of the Americas	New York	NY	10020-1104	CNSLT			
Description					Event #		\$83,933.38
Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Lamont For Governor								
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment		Amount
Chase Card Services					05/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>wire</u>		
PO Box 15153		Wilmington	DE	19886-5153	CCP	<input type="checkbox"/> Debit Card		
Description						Event #		\$22,558.78
credit card								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Name of Payee					Date of Payment	Method of Payment		Amount
The Campaign Group					05/18/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>wire</u>		
1600 Locust St		Philadelphia	PA	19103-6305	A-TV	<input type="checkbox"/> Debit Card		
Description						Event #		\$75,000.00
media								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Name of Payee					Date of Payment	Method of Payment		Amount
Bristol Lettering LLC					05/19/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1158</u>		
1718 Park St		Hartford	CT	06106-2132	FNDR	<input type="checkbox"/> Debit Card		
Description						Event #		\$2,439.48
invites								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee Bristol Lettering LLC					Date of Payment 05/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1158	Amount \$2,154.98
Street Address 1718 Park St	City Hartford	State CT	Zip Code 06106-2132	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Description letterhead					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Peter D. Hart & Associates					Date of Payment 05/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1157	Amount \$23,000.00
Street Address 1724 Connecticut Ave NW	City Washington	State DC	Zip Code 20009	Purpose of Expenditure POLLS	<input type="checkbox"/> Debit Card		
Description polling					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Stones' Phones Inc.					Date of Payment 05/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1155	Amount \$346.48
Street Address 41750 Rancho Las Palmas Dr Ste E	City Rancho Mirage	State CA	Zip Code 92270-5511	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description telephone expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Jessie Jamar					05/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1202</u>	<input type="checkbox"/> Debit Card	
29 Raiders Ln	Darien	CT	06820-6020	OFFICE			
Description					Event #		
reim office supplies and postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$407.00
Name of Payee					Date of Payment	Method of Payment	Amount
Tremont Public Advisors LLC					05/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1162</u>	<input type="checkbox"/> Debit Card	
750 Main St Ste 500	Hartford	CT	06103-2709	CNSLT			
Description					Event #		
communications consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$5,250.00
Name of Payee					Date of Payment	Method of Payment	Amount
Skyline Music, LLC					05/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>wire</u>	<input type="checkbox"/> Debit Card	
48 Prospect St	Whitefield	NH	03598-3049	FNDR			
Description					Event #		
band for convention							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$250.00

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Administaff					05/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	WIRE		
1251 Avenue of the Americas	New York	NY	10020-1104	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		
Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$5,057.28							
Name of Payee					Date of Payment	Method of Payment	Amount
Joshua Schneider					05/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1214		
106 Foster St # 1	New Haven	CT	06511-2655	RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$52.74							
Name of Payee					Date of Payment	Method of Payment	Amount
Bronze Radio Return LLC					05/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	wire		
4 Northbrook Dr	West Hartford	CT	06117-1521	FNDR	<input type="checkbox"/> Debit Card		
Description					Event #		
band for convention							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$2,250.00							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chase Card Services					05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
PO Box 15153	Wilmington	DE	19886-5153	CCP	<input type="checkbox"/> Debit Card		
Description					Event #		\$11,731.82
Credit Card							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Steven Winter					05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1212</u>		
PO Box 205154	New Haven	CT	06520-5154	RCW	<input type="checkbox"/> Debit Card		
Description					Event #		\$75.53
Reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Steven Winter					05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1212</u>		
PO Box 205154	New Haven	CT	06520-5154	TRVL	<input type="checkbox"/> Debit Card		
Description					Event #		\$135.06
Reimbursement for mileage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
NationalField LLC					05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1205		
1776 Interstate St NW Ste 960	Washington	DC	20006-3700	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		\$900.00
Field Database							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mason Associates					05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1204		
PO Box 236	Lawrence	NY	11559	OVHD	<input type="checkbox"/> Debit Card		
Description					Event #		\$1,212.41
Rent Greenwich							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire		
1600 Locust St	Philadelphia	PA	19103-6305	A-TV	<input type="checkbox"/> Debit Card		
Description					Event #		\$50,000.00
Production							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Torrington Partners, LLC					05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1203</u>	<input type="checkbox"/> Debit Card	
79 Main St Ste 14	Torrington	CT	06790	OVHD			
Description					Event #		\$700.00
Rent Torrington							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Jared Kupiec					05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1215</u>	<input type="checkbox"/> Debit Card	
311 Quaker Ln S	West Hartford	CT	06119-2220	RCW			
Description					Event #		\$255.92
Reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Margaret Van Cleave					05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1211</u>	<input type="checkbox"/> Debit Card	
169 Orange St	New Haven	CT	06510-3111	RCW			
Description					Event #		\$100.00
Reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Margaret Van Cleave					05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1211</u>	<input type="checkbox"/> Debit Card	
169 Orange St	New Haven	CT	06510-3111	TRVL			
Description					Event #		\$17.12
Reimbursement for mileage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Barker Specialty Company					05/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1208</u>	<input type="checkbox"/> Debit Card	
27 Realty Dr , Caller Box 22	Cheshire	CT	06410	A-OTH			
Description					Event #		\$1,065.02
campaign merch							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Harty Press Inc.					05/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1216</u>	<input type="checkbox"/> Debit Card	
25 James St , P.O. Box 324	New Haven	CT	06513	A-OTH			
Description					Event #		\$5,580.90
Campaign Merchandise							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Seth Bannon					05/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1213</u>	<input type="checkbox"/> Debit Card	
54 Wauwinet Ct	Guilford	CT	06437-1101	RCW			
Description					Event #		\$417.39
Reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
National Drill Squad/Doulgas Bethea					05/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1207</u>	<input type="checkbox"/> Debit Card	
200 Goffe St Apt 34D	New Haven	CT	06511-3359	CHAR			
Description					Event #		\$250.00
Donation							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Peter D. Hart & Associates					05/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1210</u>	<input type="checkbox"/> Debit Card	
1724 Connecticut Ave NW	Washington	DC	20009	POLLS			
Description					Event #		\$34,000.00
Polling							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Olympia Properties LLC					05/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1209</u>	<input type="checkbox"/> Debit Card	
142 Temple St Ste 304	New Haven	CT	06510	OVHD			
Description					Event #		
Rent							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$6,355.00
Name of Payee					Date of Payment	Method of Payment	Amount
Urban Marketing Network					05/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1206</u>	<input type="checkbox"/> Debit Card	
PO Box 4116	Hamden	CT	06514	CNSLT			
Description					Event #		
Consulting Fee Market/Promo							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$12,000.00
Name of Payee					Date of Payment	Method of Payment	Amount
natty williams					05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1218</u>	<input type="checkbox"/> Debit Card	
654 Cocody	Abidjan	CA		REF			
Description					Event #		
Refund							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$70.00
Total of Section N						\$1,519,013.28	

IV. EXPENDITURES									
NAME OF COMMITTEE								FILING DUE DATE	
Lamont For Governor									
O. Campaign Expenses Paid By Candidate									
Name of Payee						Date of Payment		Is Reimbursement Claimed?	Amount
Street Address			City		State	Zip Code		Yes	
								No	
Purpose of Expenditure		Description					Event #		
Total of Section O									

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Lamont For Governor						
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other		
Name of Vendor La Paloma Sabenera				Date of Transaction 04/01/2010		Amount
Street Address 405 Capitol Ave		City Hartford		State CT	Zip Code 06106-1414	
Purpose of Expenditure OFFICE	Description Food and Beverage				Event #	
						\$91.85
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other		
Name of Vendor Naples Gas				Date of Transaction 04/01/2010		Amount
Street Address 180 Noroton Ave		City Darien		State CT	Zip Code 06820-4404	
Purpose of Expenditure TRVL	Description Gas				Event #	
						\$34.22
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other		
Name of Vendor CVS Pharmacy				Date of Transaction 04/02/2010		Amount
Street Address 964 Post Rd		City Darien		State CT	Zip Code 06820-4508	
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$32.23

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor The Home Depot					Date of Transaction 04/03/2010		Amount \$44.07
Street Address 111 Universal Dr		City North Haven		State CT	Zip Code 06473-3653		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Mobil					Date of Transaction 04/03/2010		Amount \$45.70
Street Address 520 E Putnam Ave		City Greenwich		State CT	Zip Code 06830-4806		
Purpose of Expenditure TRVL	Description Gas				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples					Date of Transaction 04/03/2010		Amount \$165.19
Street Address 80 Boston Post Rd		City Orange		State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 04/08/2010	Amount \$55.11
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 04/09/2010	Amount \$127.16
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 04/09/2010	Amount \$277.17
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 04/12/2010	Amount \$9.09
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 04/13/2010	Amount \$95.38
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 04/13/2010	Amount \$187.80
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Sunoco					Date of Transaction 04/14/2010		Amount \$32.86
Street Address 474 Bank St		City Waterbury		State CT	Zip Code 06708-3502		
Purpose of Expenditure TRVL	Description Gas				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples					Date of Transaction 04/14/2010		Amount \$31.74
Street Address 80 Boston Post Rd		City Orange		State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples					Date of Transaction 04/14/2010		Amount \$222.59
Street Address 80 Boston Post Rd		City Orange		State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 04/14/2010	Amount \$105.99
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 04/14/2010	Amount \$23.31
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 04/15/2010	Amount \$180.66
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other		
Name of Vendor Postmaster				Date of Transaction 04/22/2010		Amount \$17.60
Street Address 144 Rowayton Ave		City Norwalk		State CT	Zip Code 06853	
Purpose of Expenditure POST	Description Stamps			Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other		
Name of Vendor Staples				Date of Transaction 04/22/2010		Amount \$208.89
Street Address 80 Boston Post Rd		City Orange		State CT	Zip Code 06477-3219	
Purpose of Expenditure OFFICE	Description Office Supplies			Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other		
Name of Vendor Staples				Date of Transaction 04/22/2010		Amount \$95.38
Street Address 80 Boston Post Rd		City Orange		State CT	Zip Code 06477-3219	
Purpose of Expenditure OFFICE	Description Office Supplies			Event #		

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE
Lamont For Governor							
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor UPS						Date of Transaction 04/24/2010	Amount \$10.00
Street Address 55 Glenlake Pkwy NE		City Atlanta		State GA	Zip Code 30328-3474		
Purpose of Expenditure POST	Description Shipping				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples						Date of Transaction 04/25/2010	Amount \$47.69
Street Address 80 Boston Post Rd		City Orange		State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples						Date of Transaction 04/26/2010	Amount \$56.68
Street Address 80 Boston Post Rd		City Orange		State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Lamont For Governor								
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Shell						Date of Transaction 04/27/2010		Amount \$39.44
Street Address 335 Capitol Ave		City Hartford		State CT	Zip Code 06106-1412			
Purpose of Expenditure TRVL	Description Gas					Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Staples						Date of Transaction 04/27/2010		Amount \$162.14
Street Address 80 Boston Post Rd		City Orange		State CT	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Staples						Date of Transaction 04/28/2010		Amount \$105.99
Street Address 80 Boston Post Rd		City Orange		State CT	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Lamont For Governor								
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor B & H						Date of Transaction 04/28/2010		Amount \$1,226.64
Street Address 420 9th Ave		City New York		State NY	Zip Code 10001-1644			
Purpose of Expenditure EFV *	Description Cameras				Event #			
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Adamos Garage						Date of Transaction 04/28/2010		Amount \$33.20
Street Address 601 Center St		City Wallingford		State CT	Zip Code 06492-3809			
Purpose of Expenditure TRVL	Description Gas				Event #			
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Bruegger's						Date of Transaction 04/28/2010		Amount \$8.24
Street Address 1 Whitney Ave		City New Haven		State CT	Zip Code 06510-1257			
Purpose of Expenditure FOOD	Description Food and Beverage				Event #			

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Old Nutmeg Shoppe					Date of Transaction 05/03/2010		Amount
Street Address 22 Main St		City New Britain		State CT			
Purpose of Expenditure FOOD	Description Food and Beverage				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Mobil					Date of Transaction 05/03/2010		Amount
Street Address 520 E Putnam Ave		City Greenwich		State CT			
Purpose of Expenditure TRVL	Description Gas				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Bru Cafe					Date of Transaction 05/03/2010		Amount
Street Address 141 Orange St		City New Haven		State CT			
Purpose of Expenditure FOOD	Description Food and Beverage				Event #		

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE
Lamont For Governor							
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples						Date of Transaction 05/04/2010	Amount \$64.10
Street Address 80 Boston Post Rd		City Orange		State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Splash						Date of Transaction 05/04/2010	Amount \$17.99
Street Address 73 E Putnam Ave		City Cos Cob		State CT	Zip Code 06807-2607		
Purpose of Expenditure EFV *	Description Vehicle				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor The Fisherman Restaurant						Date of Transaction 05/05/2010	Amount \$1,250.80
Street Address 937 Groton Long Point Rd		City Groton		State CT	Zip Code 06340-5606		
Purpose of Expenditure FOOD	Description Food and Beverage				Event #		

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 05/11/2010	Amount \$53.38
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 05/11/2010	Amount \$105.99
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other
--	---

Name of Vendor Staples				Date of Transaction 05/11/2010	Amount \$196.04
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Lamont For Governor								
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other				
Name of Vendor UPS						Date of Transaction 05/16/2010		Amount \$51.82
Street Address 55 Glenlake Pkwy NE		City Atlanta		State GA	Zip Code 30328-3474			
Purpose of Expenditure POST	Description Shipping					Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Wristband Express						Date of Transaction 05/17/2010		Amount \$76.81
Street Address 21365 Gateway Ct Ste 100		City Brookfield		State WI	Zip Code 53045-5149			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Staples Direct						Date of Transaction 05/17/2010		Amount \$233.02
Street Address 500 Staples Dr		City Framingham		State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Connecticut Expo Center					Date of Transaction 05/19/2010		Amount \$2,126.36
Street Address 265 Reverend Moody Opas		City Hartford		State CT	Zip Code 06120-1508		
Purpose of Expenditure FOOD	Description Food				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Michaels					Date of Transaction 05/20/2010		Amount \$16.95
Street Address 170 Universal Dr N		City North Haven		State CT	Zip Code 06473-3117		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Best Buy					Date of Transaction 05/20/2010		Amount \$337.04
Street Address 53 Boston Post Rd		City Orange		State CT	Zip Code 06477-3203		
Purpose of Expenditure EFV *	Description Equipment				Event #		

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Rite Aid					Date of Transaction 05/21/2010		Amount \$35.67
Street Address 66 Church St		City New Haven		State CT	Zip Code 06510-3304		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010		Amount \$147.84
Street Address 315 Trumbull St		City Hartford		State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event #		

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010		Amount \$147.84
Street Address 315 Trumbull St		City Hartford		State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event #		

IV. EXPENDITURES

IV. EXPENDITURES

IV. EXPENDITURES

IV. EXPENDITURES

IV. EXPENDITURES

IV. EXPENDITURES

IV. EXPENDITURES

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other			
Name of Vendor Staples Direct					Date of Transaction 05/24/2010		Amount \$45.10
Street Address 500 Staples Dr		City Framingham		State MA	Zip Code 01702-4474		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other			
Name of Vendor Staples Direct					Date of Transaction 05/24/2010		Amount \$190.75
Street Address 500 Staples Dr		City Framingham		State MA	Zip Code 01702-4474		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor UPS					Date of Transaction 05/24/2010		Amount \$49.72
Street Address 55 Glenlake Pkwy NE		City Atlanta		State GA	Zip Code 30328-3474		
Purpose of Expenditure OVHD	Description Shipping				Event #		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
<p align="center">P. Expenses Incurred on Committee Credit Card</p>							
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other			
Name of Vendor Direct TV					Date of Transaction 05/26/2010		Amount \$104.27
Street Address PO Box 9001069		City Louisville		State KY	Zip Code 40290-1069		
Purpose of Expenditure OVHD	Description TV				Event #		
Total of Section P						\$64,887.79	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
<p align="center">Q. Expenses Incurred By Committee but Not Paid During this Period</p>							
Name of Creditor Blue State Digital				Date Incurred 05/01/2010		Event #	
Street Address 734 15th St NW Ste 1200			City Washington			State DC	Zip Code 20005
Purpose of Expenditure WEB	Description Web Site						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____							
<div style="text-align: right;">\$500.00</div>							
Name of Creditor Marcus Communications, LLC				Date Incurred 05/21/2010		Event #	
Street Address 275 New State Rd			City Manchester			State CT	Zip Code 06042-1810
Purpose of Expenditure EFV *	Description Equiptment						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____							
<div style="text-align: right;">\$3,879.55</div>							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
Q. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor Chase Card Services				Date Incurred 05/26/2010		Event #	
Street Address PO Box 15153			City Wilmington			State DE	Zip Code 19886-5153
Purpose of Expenditure CCP	Description Credit Card Debt as of						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought	
							\$19,118.11
Name of Creditor The Harty Press Inc.				Date Incurred 05/26/2010		Event #	
Street Address 25 James St , P.O. Box 324			City New Haven			State CT	Zip Code 06513
Purpose of Expenditure PRNT	Description Printing						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought	
							\$3,907.62
Total of Section Q							\$27,405.28

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Abbey, Joe		Date of Payment 04/12/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1147		Amount
Secondary Payee Pro Park		Purpose of Expenditure TRVL		<input type="checkbox"/> Debit Card		
Street Address 40 Temple St		City Hartford		State CT		
Zip Code 06103-1318		Event #				
Description parking						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$15.00

Name of Worker/Consultant Administaff		Date of Payment 04/15/2010		Method of Payment <input checked="" type="checkbox"/> Check # Wire		Amount
Secondary Payee Seth Bannon		Purpose of Expenditure WAGE		<input type="checkbox"/> Debit Card		
Street Address 54 Wauwinet Ct		City Guilford		State CT		
Zip Code 06437-1101		Event #				
Description Payroll						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$2,000.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Tyson, Audrey		Date of Payment 04/15/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1146	Amount
Secondary Payee Dollar Tree Stores Inc.		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 126 Amity Rd	City New Haven	State CT	Zip Code 06515-1405	
Description office supplies			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name Office Sought		\$25.44

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Administaff		Date of Payment 04/15/2010	Method of Payment <input checked="checked" type="checkbox"/> Check #	Amount
Secondary Payee Elvira Albert		Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 38 Klondike Ave	City Stamford	State CT	Zip Code 06907	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$1,750.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff		Date of Payment 04/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Marc C Bradley		Purpose of Expenditure WAGE		
Street Address 29 Yarmouth Rd Apt T	City Norwalk	State CT	Zip Code 06853-1856	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Administaff	Date of Payment 04/16/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount	
Secondary Payee Ryan Cook	Purpose of Expenditure WAGE			
Street Address 499 Charles St	City Torrington	State CT		Zip Code 06790-3420
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$1,500.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 04/16/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount	
Secondary Payee Justine Sessions	Purpose of Expenditure WAGE			
Street Address 2939 Van Ness St NW	City Washington	State DC		Zip Code 20008-4631
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$3,000.00

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Callahan, Andrew	Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1094	Amount	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description cell phone	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought		

\$115.77

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Just, Jennifer		Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1090 <input type="checkbox"/> Debit Card	Amount
Secondary Payee AT&T		Purpose of Expenditure OVHD		
Street Address PO Box 8110	City Aurora	State IL	Zip Code 60507	
Description cell phone			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$150.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Donovan, Elizabeth		Date of Payment 04/21/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1096	Amount
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062	
Description cell phone			Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>				
				\$150.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Bowers, Rebecca		Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1092	Amount
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062	
Description cell phone			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$61.36

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Cook, Ryan		Date of Payment 04/21/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1095	Amount
Secondary Payee AT&T		Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 8110	City Aurora	State IL	Zip Code 60507	
Description cell phone			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$150.00

Name of Worker/Consultant Administaff		Date of Payment 04/21/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Audrey Tyson		Purpose of Expenditure WAGE		
Street Address 471 Whalley Ave Unit H	City New Haven	State CT	Zip Code 06511-3068	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$1,661.76

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff		Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Margaret Van Cleave		Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 169 Orange St	City New Haven	State CT	Zip Code 06510-3111	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
				\$1,246.08

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Yorke, Ruth		Date of Payment 04/24/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1100	Amount
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219	
Description reim Staples			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$73.36

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff		Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Jared Kupiec		Purpose of Expenditure WAGE		
Street Address 311 Quaker Ln S	City West Hartford	State CT	Zip Code 06119-2220	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$3,250.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount	
Secondary Payee Seth Bannon	Purpose of Expenditure WAGE			
Street Address 54 Wauwinet Ct	City Guilford	State CT		Zip Code 06437-1101
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought		
				\$2,000.00

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Administaff	Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Rebecca Bowers	Purpose of Expenditure WAGE		
Street Address 88 Grange Rd	City Lancaster	State NH	Zip Code 03584-3431
Description Payroll		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$1,750.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card		Amount
Secondary Payee Marc C Bradley	Purpose of Expenditure WAGE			
Street Address 29 Yarmouth Rd Apt T	City Norwalk	State CT	Zip Code 06853-1856	
Description Payroll	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$3,000.00	

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Administaff		Date of Payment 04/30/2010	Method of Payment <input checked="checked" type="checkbox"/> Check #	Amount
Secondary Payee Robert Abraham		Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 105 Briarwood Ln	City Cumming	State GA	Zip Code 30040	
Description Payroll			Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>				
				\$1,776.96

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Administaff		Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Audrey Tyson		Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 471 Whalley Ave Unit H	City New Haven	State CT	Zip Code 06511-3068	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
				\$2,000.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount	
Secondary Payee Ruth Yorke	Purpose of Expenditure WAGE			
Street Address 7 Ridge Rd	City Cos Cob	State CT		Zip Code 06807-2309
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought		
				\$1,029.17

Name of Worker/Consultant Administaff		Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount \$3,500.00
Secondary Payee Fletcher Gibson, IV		Purpose of Expenditure WAGE		
Street Address 111 Park St Apt 6R	City New Haven	State CT	Zip Code 06511-5456	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name 				
Office Sought 				

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Administaff	Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount	
Secondary Payee Elizabeth Donovan	Purpose of Expenditure WAGE			
Street Address 32 Woodvale Rd	City Branford	State CT		Zip Code 06405
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
Other Candidate(s) Name Office Sought				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$2,653.28	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff		Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Kelly Popp		Purpose of Expenditure WAGE		
Street Address 69 Belden Rd	City Hamden	State CT	Zip Code 06514-3709	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Slutzky, Rebecca		Date of Payment 05/02/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1126	Amount
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062	
Description cell phone			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$150.00

Name of Worker/Consultant Donovan, Elizabeth		Date of Payment 05/02/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1130	Amount
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062	
Description cell phone			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
				\$122.90

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Yorke, Ruth		Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1121	Amount
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062	
Description cell phone			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$115.25

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Rosenberg, Gabe	Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1132	Amount	
Secondary Payee Sprint	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address PO Box 105243	City Atlanta	State GA		Zip Code 30348-5243
Description cell phone				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$150.00

Name of Worker/Consultant Abbey, Joe	Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1116	Amount	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description cell phone				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$136.01

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant	Date of Payment	Method of Payment		Amount
Callahan, Andrew	05/02/2010	<input checked="" type="checkbox"/> Check # 1124 <input type="checkbox"/> Debit Card		
Secondary Payee	Purpose of Expenditure			
Verizon Wireless	OVHD			
Street Address	City	State	Zip Code	
PO Box 15062	Albany	NY	12212-5062	
Description	Event #			
cell phone				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No				
\$115.77				

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Kupiec, Jared		Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1128	Amount \$150.00
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062	
Description cell phone			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

Name of Worker/Consultant Abraham, Robert		Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1127	Amount \$60.00
Secondary Payee AT&T		Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 8110	City Aurora	State IL	Zip Code 60507	
Description cell phone			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff		Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Daniel J Gross		Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 94 William St Apt 1	City New Haven	State CT	Zip Code 06511-4939	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$4,000.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff		Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Elizabeth Donovan		Purpose of Expenditure WAGE		
Street Address 32 Woodvale Rd	City Branford	State CT	Zip Code 06405	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$1,250.00

Name of Worker/Consultant Administaff		Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Rebecca Slutzky		Purpose of Expenditure WAGE		
Street Address 2417 Northfield Rd	City Charlottesville	State VA	Zip Code 22901-1727	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$3,000.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount	
Secondary Payee Margaret Van Cleave	Purpose of Expenditure WAGE			
Street Address 169 Orange St	City New Haven	State CT		Zip Code 06510-3111
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought		\$4,500.00

Name of Worker/Consultant Administaff	Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount	
Secondary Payee Joshua Schneider	Purpose of Expenditure WAGE			
Street Address 106 Foster St # 1	City New Haven	State CT		Zip Code 06511-2655
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
Other Candidate(s) Name Office Sought				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$1,750.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Administaff	Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount	
Secondary Payee Jared Kupiec	Purpose of Expenditure WAGE			
Street Address 311 Quaker Ln S	City West Hartford	State CT		Zip Code 06119-2220
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$3,250.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Administaff		Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Audrey Tyson		Purpose of Expenditure WAGE		
Street Address 471 Whalley Ave Unit H	City New Haven	State CT	Zip Code 06511-3068	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount	
Secondary Payee Elvira Albert	Purpose of Expenditure WAGE			
Street Address 38 Klondike Ave	City Stamford	State CT		Zip Code 06907
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$1,750.00

Name of Worker/Consultant Administaff	Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount	
Secondary Payee Joe Abbey	Purpose of Expenditure WAGE			
Street Address 1600 N Oak St Apt 11	City Arlington	State VA		Zip Code 22209
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$6,750.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Administaff	Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount	
Secondary Payee Eric Bragg	Purpose of Expenditure WAGE			
Street Address 396 Mansfield Ave	City Darien	State CT		Zip Code 06820-2112
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$1,029.17
Other Candidate(s) Name Office Sought 				

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	
Secondary Payee Jason Barnaby	Purpose of Expenditure WAGE		
Street Address 214 Daisy Cir	City McDonough	State GA	Zip Code 30252-1040
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$1,500.00

Name of Worker/Consultant Administaff		Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Eric Bornstein		Purpose of Expenditure WAGE		
Street Address 12 Bellevue Ave	City Dobbs Ferry	State NY	Zip Code 10522-2606	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$1,384.80

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Bannon, Seth		Date of Payment 05/21/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1213	Amount \$278.20
Secondary Payee Fedex/Kinko's		Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 196 Trumbull St	City Hartford	State CT	Zip Code 06103	
Description Convention Flier			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name Office Sought 		

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 05/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE <input type="checkbox"/> Debit Card		Amount \$2,500.00
Secondary Payee Jennifer Butler	Purpose of Expenditure WAGE			
Street Address 21 Temple St Apt 807	City Hartford	State CT	Zip Code 06103-1325	
Description Payroll	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought 				

Name of Worker/Consultant Administaff	Date of Payment 05/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE <input type="checkbox"/> Debit Card	
Secondary Payee Steven Winter	Purpose of Expenditure WAGE		
Street Address PO Box 205154	City New Haven	State CT	Zip Code 06520-5154
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$180.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Van Cleave, Margaret		Date of Payment 05/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1211	Amount
Secondary Payee Black Eyed Sallys		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 350 Asylum St	City Hartford	State CT	Zip Code 06103-2003	
Description Meals			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$90.00

Name of Worker/Consultant Schneider, Joshua		Date of Payment 05/21/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1214	Amount
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117	
Description Office Supplies			Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div> </div>				
				\$52.74

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Lamont For Governor					
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant Bannon, Seth		Date of Payment 05/21/2010		Method of Payment <input type="checkbox"/> Check #	
Secondary Payee Walgreens		Purpose of Expenditure Misc *		<input checked="" type="checkbox"/> Debit Card	
Street Address 87 Foxon St		City Hartford		State CT	Zip Code 06103
Description Convention food				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	
					\$132.19
Total of Section R					\$196,287.03

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Lamont For Governor				
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				